

maryland Board of Pharmacy



The mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and issuing permits to pharmacies, distributors and manufacturers; setting standards for the practice of pharmacy through regulations and legislation; receiving and resolving complaints and educating consumers. The Maryland Board of Pharmacy sets standards that ensure safety and quality health care for the citizens of Maryland.



Maryland Board of Pharmacy

4201 Patterson Ave.
Baltimore MD 21215-2299
410-764-4755
www.mdbop.org

Online Permit Renewals

The Maryland Board of Pharmacy is the latest Board to provide online renewals for pharmacies and distributors. Permits may be renewed online on the Board's web site at www.mdbop.org.

The Maryland Health Care Commission (MHCC) and the Board had several meetings to discuss working together on the Board's eGovernment project. Last year, State agencies were asked to review their business functions and explore ways to provide more services over the Internet. MHCC was interested in assisting the Board in meeting their information technology goals and providing real time information to their customers. In March 2002, MHCC began development of an online renewal system for the Board of Physicians Quality Assurance. It was launched July 2002.

"We felt we should assist the Board of Pharmacy with the development of the online renewal to provide some value back to the providers that fund a portion of the MHCC's budget," said Ben Steffen, deputy director of data systems and analysis.

"To first develop the system we had to understand the Board of Pharmacy needs; develop a system that is usable across a wide range of users; make it very user friendly and fast, and develop security measures to ensure user information is protected in the transferring of the information. Lastly, the system must maintain the integrity of the data throughout the process," said David Mitchell, senior web developer.

"The system contains powerful features that speed up the renewal process. Users can access their application in real time and modify information with simple point and click buttons and pull down tables and menus. The user can print a copy of his/her responses in a format that closely resembles the layout of the renewal application. This was an important feature to develop because we wanted users to have a copy of the information they had entered in a highly accessible and understandable format very similar to the application on the web site," said Mitchell.

"We also wanted the system to respond to the way most people work. The user has the option of completing the renewal application in one sitting or if additional information is needed, the user can save and exit the application and return at a later date to complete the renewal," said Steffen.

"We are delighted that we have completed the pharmacy/distributors online renewal system and look forward to expediting the pharmacists online system in Spring 2003," Steffen said.

Ben Steffen stated, "It has been an interesting offer, which represents another direction MHCC is taking in terms of web site development. Our view was we wanted to support the Boards in working with their



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-Ben Steffen, Deputy Director of Data Systems and Analysis

From the Executive Director's Desk

Happy New Year! Wow...what a year the Board had in 2002; chocked full of challenges and achievements! Significant challenges included a downturn in the national and state economy, the need for increased security, shrinking budgets, numerous internal audits (which the Board passed with flying colors), and the loss of key Board personnel and members.

Important achievements included the development and testing of an on-line licensing renewal system; the inclusion of non-discovery language in HO §1401 related to Board patient safety initiatives; an overwhelmingly positive Sunset Review; allowance of drug therapy management under the Pharmacy Practice Act; new and revised regulations regarding licensing requirements; usage of automated medication systems and delivery of prescription medications; and celebration of the Board's 100th anniversary.

I was particularly pleased with the Board's accomplishments in 2002, because at times it appeared that the challenges would make the tasks necessary to succeed insurmountable. Resignation of the Board's Pharmacist Compliance Officer near the end of FY 2002 presented a challenge for the Board to investigate an already backlogged set of complaints from consumers. Thankfully, in 2002, the Board's Disciplinary Committee had successfully completed revisions to several Board compliance documents; such as, the complaint form and disciplinary policies and procedures manual (work in progress); and created new documents, including a new consumer complaint review form and flowchart to track investigations. The Licensing Unit also revised new and renewal application instructions, resulting in fewer requests for additional information from licensees and permit holders in FY 2002. The Board bids a fond farewell to members Barbara Faltz-Jackson and Laura Schneider in 2002. They will be sorely missed as they contributed greatly to the Board's successes this year.

As the New Year begins, I need to say 'Thanks' to all of our dedicated Board and staff members and to all of the pharmacists, organizations and agencies who supported the Board in 2002. Your achievements and contributions were outstanding!

Participants of National Pharmacy Week

Coordinator: Cherokee Layson-Wolf, Pharm.D., Assistant Professor, Department of Pharmacy Practice and Science

Ten students from the University of Maryland School of Pharmacy, Class of 2005, kicked off National Pharmacy Week at Fells Point early Monday, October 8, 2002 with a guest appearance on WJZ's Morning Show "People are Talking" with host Ron Matz (Channel 13). Thanks to all those who were able to come and support National Pharmacy Week, with a special thanks to Honesty Drumgoole, President-elect of APhA-ASP who coordinated the students participation to raise awareness within the community of the need for patients to talk with their pharmacists. Participating students included Kenna Tata, Hoai An Truong, Devon Flynn, Adindu Ezeocha, Lisa Moorhead, Honesty Drumgoole, Carolyn Flowers, Kelli Bankard, Diem Thai and Kristrin Webb. Anysley Hamel, academic program specialist in PPS and Deborah Neels, assistant to the Dean also participated.

- Asthma Awareness Event and Blood Pressure Screening, Giant Pharmacy #1117 (Rolling Road and 40 W)
- NeighborCare Professional Pharmacies set up medication awareness information, as well as blood pressure booths at the following NeighborCare locations: Catonsville, GBMC, Columbia, Charlestowne, and Dundalk.

Temporary Permits Issued by the Board

Due to a change in administration within the State of Maryland, Temporary Establishment Permits will be issued for the 2003 establishment renewal period. When a permanent Secretary for the Department of Health and Mental Hygiene (DHMH) has been appointed, the Board of Pharmacy will issue a new permit. The Temporary Permit bears the signature of Arlene Stephenson, Acting Secretary and is valid until the new permit is issued. The new permits are expected to be available in February 2003.

Let Us Know How We Are Doing...

Please e-mail your questions, concerns or comments to us at the following e-mails. We value your feedback.

Licensing – E-mail Tamarra Banks at: tbanks@dhmh.state.md.us
General – E-mail Joan Lawrence at: jlawrence@dhmh.state.md.us

Medication Error: Ways to Prevent Dispensing Errors Linked to Name Confusion

Confusion between two products with similar names is one of the most common problems faced by health care practitioners. Manufacturers and the FDA are working to review new trademarks for error potential prior to new product approval, but there are some things that practitioners should also be doing to help prevent errors.

- Look for the possibility of name confusion when a new drug reaches your pharmacy. Have a few colleagues hand-write the product name and directions as they would appear in a typical prescription, and ask everyone to view the samples of the written product name and pronounce it. Determine if it looks or sounds like any other product or medical term. If the potential for confusion with other products is identified, take steps to avoid errors as listed below.

- Educate patients about the importance of having their physicians include the product's indication on all prescriptions. They will need to know this, but since problem-name pairs rarely involve drugs that are used for the same purpose, this information can be important in clarifying any confusion.

- Accept telephone orders only when truly necessary. Encourage staff to repeat back all orders, spell the product name, and state its indication.

- When feasible, use magnifying lenses and copyholders under good light to keep prescriptions and orders at eye level during transcription to improve the likelihood of

proper interpretation of look-alike product names.

- Change the appearance of look-alike product names on computer screens, pharmacy shelf labels, pharmacy product labels, and prescription records by highlighting, through bold face, color, and/or tall-man letters, the parts of the names that are different (e.g. hydrOX-Yzine, hydrALAzine).

- Install a computerized reminder (also placed on automated dispensing cabinet screens) for the most serious confusing name pairs so that an alert is generated when entering prescriptions for either drug.

- Affix "name alert" stickers to areas where look- or sound-alike products are stored (available from pharmacy label manufacturers).

- Store products with look- or sound-alike names in different locations. Avoid storing both products in the fast-mover area. Use a shelf sticker to help locate the product that is moved.

- Continue to employ at least two independent checks in the dispensing process (one person interprets and enters the prescription into the computer and another reviews the printed label against the original prescription and the product).

- Open the prescription bottle or the unit dose package in front of the patient and invite them to confirm the expected appearance and review the indication. Caution patients about error potential when taking products that have a look-alike or sound-alike counterpart. Take the time to fully investi-

gate the situation if a patient states he or she is taking a medication that is unknown.

- Encourage reporting of errors and potentially hazardous conditions with look and sound-alike product names and use the information to establish priorities for error reduction. Maintain up-to-date awareness of problematic product names and error prevention recommendations provided regularly by ISMP in their medication safety alert editions for acute care or community pharmacy practice (www.ismp.org).

This was excerpted from a medication errors feature article from the Institute for Safe Medication Practices (ISMP). ISMP is an independent, nonprofit agency that works closely with US Pharmacopeia (USP) and

the Food and Drug Administration (FDA) in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and then publishes its recommendations. To report a problem confidentially to these organizations, go to the ISMP Web site (www.ismp.org) for links with USP, ISMP and FDA. Or call 1800-23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Road, Huntingdon Valley, PA 19006. Phone 215/947-7797, E-mail: ismpinfo@ismp.org.

Reciprocity Process and Fee Changes

Effective January 13, 2003, the Board has implemented a new procedure to streamline the process for transferring a pharmacist license between States. Applicants will receive a complete packet containing instructions and application forms to be completed and mailed to the Board, as well as those to be mailed to the National Association of Board of Pharmacy (NABP). Visit our web site at <http://www.mdbop.org/license/pharm/ recip/index.htm>

Effective October 1, 2002, the application-processing fee to reciprocate into the State of Maryland was reduced from \$250 to \$120. All pharmacists applying after October 1, 2002, who paid the \$250 fee, will automatically receive a refund of \$130 from the Board.

Regulations

Drug Therapy Management

The Board of Pharmacy has developed a revised draft of the Drug Therapy Management regulations. The Board revised the proposed regulations based on input from the pharmacy community, the Board of Physician Quality Assurance, and PhRMA. Presently, the Board is working with the medical community to finalize a draft. Once finalized, the Board of Pharmacy and Physician Quality Assurance will vote and the proposal will be published for public comment in the Maryland Register.

Reinstatement of Expired Licenses for Pharmacists COMAR 10.34.13

Effective October 14, 2002, the Board amended its regulations entitled - Reinstatement of Expired Licenses for Pharmacists'. The regulations were amended to allow the Board to

reinstate the license of a pharmacist who engaged in the practice of pharmacy after the expiration of the pharmacist's license, if certain requirements have been met. The pharmacist must have the requisite amount of continuing education, provide evidence of good standing in any other state in which the pharmacist is licensed, and pay the reinstatement and late fees. The Board may charge the pharmacist for practicing without a license. If the pharmacist is found to have practiced pharmacy with an expired license, the Board must consider the following factors when determining the sanctions to be imposed:

1. The length of time during which the pharmacist practiced without a license; and
2. Any other violations of the Practice Act that were committed while the pharmacist practiced with an expired license.

A second amendment to this chapter of regulations related to

a pharmacist who did not actively engage in the practice of pharmacy, but whose license was expired for less than two years before the pharmacist applies for reinstatement. This pharmacist will need to only have the requisite amount of continuing education, provide evidence of good standing in any other state in which the pharmacist is licensed, and pay the reinstatement fee. The requirement that this pharmacist comply with Health Occupations Article 12-310, Annotated Code of Maryland, Reinstatement of Expired Licenses, was removed as unnecessary. Instead, the regulation complies with this statute and further explains it.

A pharmacist not actively engaged in the practice of pharmacy, but whose license expired more than two years but less than five years ago will no longer be required to obtain, the previous required continuing education. This is because the pharmacist is now required to pass the Practice Reinstatement

Examination and Parts II and III of the licensure examination.

Likewise, a pharmacist not actively engaged in the practice of pharmacy in another state, whose Maryland license expired more than five years ago, will no longer need to obtain the requisite continuing education. They have other presently existing requirements to meet that take the place of continuing education. They include, 1,000 hours of service in a pharmacy with a valid pharmacy permit under the direct supervision of a licensed pharmacist, the completion of the Practice Reinstatement Examination, and Parts II and III of the licensure examination.

It is expected that soon the requirement to take Part III of the licensure examination will no longer be required. That portion of the proposal is not effective as of the writing of this article.

Who's That In My Pharmacy?

A number of state boards of pharmacy have reported on diversion scams that have occurred in their states. While the Maryland Board of Pharmacy has not experienced these yet, it is passing on the information. Reports show that it is vital to know who is entering your pharmacy, particularly now with extensive use of pharmacist staffing services. Always ask for identification of persons wanting to enter your pharmacy for any reason.

1. A person claiming to be a contractor entered a pharmacy to change the light bulbs. He went about "his business" and did a good job. When he left, the pharmacists realized that controlled substances were missing. No one had asked for a work order or checked with the headquarters office.
2. A woman entered a pharmacy acting as if she was a pharmacist (which she had been prior to losing her license). She started to work, helping out and no one was suspicious until

she failed to return from her break. Later, drugs were found to be missing.

3. During a busy afternoon, a pharmacy received a phone call from a person claiming to be from corporate headquarters. The caller asked if a particular party was present. The pharmacist responded that the person was not there and was told, "When she shows up tell her that her schedule has been changed. After she has finished with your store, she is to go to

our pharmacy in the next town. She will be checking your controlled drug records inventory." About an hour later, a woman showed up representing herself as the person from headquarters. The pharmacist gave her the phone message and she spent a couple of hours looking at records and drug stock. She asked the pharmacist to photocopy one of the records and she was not there when the pharmacist returned with the copy. Again, lots of drugs were noted to be missing.

Disciplinary Actions

Marc R. Weinberg (# 13316)
Effective September 18, 2002,
license to practice pharmacy is
voluntarily surrendered.

Scott M. Cooper (# 10434)
Effective October 2, 2002,
license to practice pharmacy is
summarily suspended.

Valentine E. Nowak (# 09838)
Effective October 16, 2002,
license to practice pharmacy is
voluntarily surrendered.

Pamela Arrey (# 11342)
Effective November 20, 2002,
license to practice pharmacy is
placed on probation.

Jeffrey Rodkey (# 10073)
Effective December 30, 2002,

license to practice pharmacy is
summarily suspended.

Medicine Shoppe #23 (# P01709)
Effective November 20, 2002,
permit to operate a pharmacy is
placed on probation.

Medicine Shoppe #634
(# P01909)
Effective November 20, 2002,
permit to operate a pharmacy is
placed on probation.

Medicine Shoppe #1521
(# P02071)
Effective November 20, 2002,
permit to operate a pharmacy is
placed on probation.

Medicaid and Health Choice Providers

Operating without a permit is against the law, however, during every establishment renewal period there is concern for Medicaid payment processing. Medicaid, located in the State's office building on Preston Street, mails a letter to their enrollees every December 1st warning that failure to renew their permit will result in the termination of provider reimbursements. The Board of Pharmacy updates renewed establishments and Medicaid is able to search the Board's database in real-time for the updated status and renewal year. Medicaid then must re-enter provider enrollment information into their own

database. Re-entering information is a timely process that is performed by a few people who must do so for pharmacies and thousands of other healthcare professionals. The Board is planning to meet with Medicaid to discuss methods of improving the current process for Medicaid and permit holders.

If you are unable to connect to the Medicaid system, contact:

James Demery, Medicaid Pharmacy Services (410) 767-6028

If the Medicaid system indicates that you are no longer enrolled, contact:

Maxine Johnson, Provider Enrollment (410) 767-5340

FAQs

In day-to-day pharmacy practice, unusual situations sometime occur, generating questions. So to help our licensees, "Frequently Asked Questions" will be featured in each issue of the Board's newsletter. If you have a question you would like to see answered in this column, please fax your question to 410-358-6207 or e-mail Joan Lawrence at jlawrence@dhmh.state.md.us.

FAQ Licensing

Q. What are the guidelines for the pharmacist's role in patient confidentiality and what can a pharmacist discuss with a doctor regarding patient profiles and general knowledge of the patient's history. (i.e., regarding suspected overuse of a medication or a patient who sees multiple doctors)?

A. The Medical Records Act, Health General Art. Sec. 4-301 thru 4-403, requires health care providers, including pharmacists, to maintain the confidentiality of medical records. There are some provisions in the Act that allow for disclosure of information in medical records without the patient's consent. Depending on the specific circumstances of a case, one or more of these provisions may apply. A pharmacist should make a professional determination and/or consult with private counsel in deciding whether the circumstances warrant disclosure of otherwise confidential medical information. Please feel free to contact the Board or access its web site for more information about the Board or its requirements.

FAQ Compliance

Q. A prescription for a controlled substance that was written 2 months ago is presented for filling. It has 5 refills. When does the prescription become too old to refill—6 months from the original date written or 6 months from when it was first filled?

A. 21 CFR 1306.22(a) provides "NO prescription for a controlled substance listed in schedule III or IV shall be filled or refilled more than six months after the date on which such prescription was issued and no such prescription authorized to be refilled may be refilled more than five times." Maryland law requires all prescriptions to be filled within 120 days, HO §12-503(b).

Four Board of Pharmacy Commissioners To Be Appointed in 2003

Maryland Pharmacy Law requires that all Maryland pharmacists be notified when the terms of Board of Pharmacy members will expire to permit eligible pharmacists to seek Board appointments. The Board of Pharmacy is comprised of ten pharmacist members and 2 consumer members that are appointed by the Governor. A Board member, or Commissioner (as they are entitled) may serve a total of two consecutive four-year terms. The Commissioner's terms are staggered so that each year, three four-year terms expire. Maryland law designates specific categories of representation for the 12 Board seats:

- Consumers - Two non-pharmacists appointed to the Board by the Governor with the advice of the Secretary and the consent of the Senate;
- Acute Care Hospital - Two pharmacists usually selected from a list submitted by Maryland Society of Health System Pharmacists;
- Independent - Two pharmacists usually selected from lists submitted by the Maryland Pharmacists Association and the Maryland Pharmaceutical Society;
- Chain Store - Two pharmacists usually selected from a list submitted by the Maryland Association of Chain Drug Stores;
- Home Care Infusion - One pharmacist usually selected from lists submitted by the Maryland Pharmacists Association

and the Maryland Pharmaceutical Society;

- Long Term Care - One pharmacist usually selected from a list submitted by the Maryland Chapter of the American Society of Consultant Pharmacists; and
- At Large - Two pharmacists usually selected from a list of all interested pharmacists who have submitted their names to the Maryland Pharmacist Association.

Designated Pharmacist Board seats which will be open for nominations are: One (1) Acute Care Hospital seat, one (1) Chain seat, and one (1) At-Large seat. Additionally, upon recommendation from the Secretary of the MD Department of Health and Mental Hygiene and approval by the state Senate, the Governor will appoint a new Consumer Member. The following eligibility requirements must be met in order to qualify for appointment as a Pharmacy Board Commissioner:

Pharmacist Appointees

- Maryland Resident
- Licensed Maryland pharmacist
- In good standing with the Board
- Skilled and competent pharmacist
- Possesses at least five years experience in active pharmacy practice regulated by the Board

Consumer Appointees

- Maryland Resident
- May not have been a pharmacist

- May not have someone in the pharmacy field in the household
- May not have participated in pharmacy field
- May not have had a substantial financial interest in a person regulated by the Board.

All eligible licensed pharmacists who wish to be considered for 2003 appointments should contact the appropriate Association to obtain an application form and a description of Board member duties. Pharmacists should indicate the type of seat to which they wish to be appointed, and whether they want to be considered for more than one type of seat (e.g., a clinical specialty seat as well as an at large seat).

For information on the duties of a Board Commissioner and for applications for the 2003 openings, write or call the following associations:

At-Large Pharmacy Seat

Maryland Pharmacist Association
650 W. Lombard Street
Baltimore, MD 21201
Tel: 410-727-0746

Maryland Pharmaceutical Society
c/o Irving Lottier
4501 W. Forest Park Avenue
Baltimore, MD 21207
RxLottier@aol.com

Chain Seat: MACDS Representative

Law Office Gilbert J. Genn, Esq.
8 Randall Street
Annapolis, MD 21401
Tel: 410-990-4949

Acute Care Hospital Pharmacist Seat:

Maryland Society Health-Systems Pharmacies
Attention: Anna Leonhardt
#252, 8480-M Baltimore
National Pike
Ellicott City, Maryland 21043
Tel: 410-465-9975

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Online Permit Renewals *continued from page 1*

individual licensees. The Pharmacy Board application is a step in another direction where the system is used extensively, not only by individual licensees, but also by corporate entities that are licensed by the state of Maryland. That presented a host of challenges that MHCC had not faced.”

“Most users were pleased with the online renewal process. We exceeded our expectations, with over 40 percent renewing online,” stated Margaret Anzalone, Deputy Director, Board of Physician Quality Assurance (BPQA). The Board of Pharmacy’s online establishment system was launched only 16 days prior to the end of the renewal period, however, permit holders were still eager to use the system. Of the 1,938 pharmacy and distributor renewal applications mailed, 27 percent renewed online.

Executive Director, LaVerne G. Naesea noted that pharmacists expressed a desire for the Board to ‘proactively leverage technology involving stakeholders from the beginning to end process’ (noted in the Board’s 2001–2006 Strategic Plan) during a FY2001 Board sponsored forum. She suggested that the electronic renewal collaboration between two units within the Department of Health and Mental Hygiene perfectly demonstrates how resources can be leveraged to benefit pharmacists and pharmacies. “I applaud the electronic renewal system collaboration between MHCC and the Board of Pharmacy. Our thanks to Mr. Steffen and Mr. Mitchell for meeting the needs of the pharmacists and pharmacies by capitalizing on new advances in technology,” commented Ms. Naesea.

The paper process for renewal is still available, however, the processing time is expected to take at least 2 weeks for these applications. The online system will be available throughout the year for updating certain information. For more information visit the Board’s web site or contact Tamarra J. Banks or Vladimir Konstantinov in the Board’s office. To view the new system, visit the Board’s web site at www.mdbop.org, and follow the prompts under License and Permit Information.

Maryland Health Care Commission (MHCC) provides information on quality health-care in the state of Maryland. MHCC has developed quality reporting systems on HMOs and nursing homes, and most recently, hospital industry. In addition, MHCC monitors the performance of the smaller



David Mitchell, Senior Web Developer

insurance markets in Maryland and conducts studies on the cost of health care in the state. MHCC also is responsible for administering the certificate of need program in the state and for promoting the use of EDI and educating providers on HIPAA requirements. If you would like to learn more about these activities, visit their web site at www.mhcc.state.md.us.

UPCOMING EVENTS

Come support Pharmacy legislation on February 19th and Observe Poison Prevention Week; March 16-23, 2003

Poison Prevention Week

Poison Prevention Week is March 16-23, 2003. Anyone interested in ordering materials should contact Angel Bivens at 410-706-2151. All requests for materials are due to the Poison Center before February 21.

Maryland Pharmacy Legislative Day February 19, 2003

The Maryland Pharmacy Coalition (MPC), composed of MPhA, MSHP, MD-ASCP and MPS are proud to again sponsor this annual event. MPC is asking Maryland Pharmacists to join them in Annapolis to learn more about this year’s legislation and to talk to your Delegates and Senators.

- Date:** Wednesday, February 19, 2003
- Where:** Lowe House Office Building
Annapolis, Maryland
- Schedule:** 7:15a.m. - Continental Breakfast
7:45a.m. - Legislative Briefing
9:00a.m. - Visits to Legislators

Maryland Board of Pharmacy



Board Members

Front row left to right:

Irving Lottier, Jr.,
Linda Bethman (Board Counsel),
Stanton G. Ades, Ramona
McCarthy Hawkins, Jeanne Furman

Back row left to right:

Wayne Dyke, John Balch,
Rev. William Johnson, Melvin
Rubin, Donald Yee, Dr. Raymond
Love, Paul Ballard (Board Counsel)
(not in photograph)



Board Staff

Front row left to right:

Devin Cunningham-Licensing Secretary,
Joan Lawrence-Public Information Officer,
Deitra M. Gale-Compliance Specialist,
Lakeya Davis-Licensing Clerk

Middle row left to right:

Doris James-Administrative Licensing Specialist,
Tamarra Banks-Information Services
Manager/Licensing Supervisor

Sandra Hines-Secretary (not in photograph)

Catherine S. Putz-Pharmacists Compliance Officer
(not in photograph)

Executive Secretary-Vacant

Back row left to right:

James Slade-Regulations/Legislative Officer,
LaVerne G. Naesea-Executive Director,
Shirley Costley-Fiscal/Personnel Officer,
Vladimir Konstantinov-Database Specialist

Feel free to contact the Board staff for assistance with information, questions or concerns.

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin, and applies to the provisions of employment and granting of advantage, privileges, and accommodations.

The department, in compliance with the Americans and Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

Joan M. Lawrence, Staff Editor

Meetings

The Pharmacy Board meetings are open to the public 9:00 a.m. – 12:00 Noon at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

Board Meeting Dates

Wednesday, February 19

Wednesday, March 19

Wednesday, April 16

Wednesday, May 21

Wednesday, June 18

Wednesday, July 16

Wednesday, August 20

Wednesday, September 17

Wednesday, October 15

Wednesday, November 19

Wednesday, December 17

Agendas and other information can be obtained by contacting the Board at 410-764-4755.

Contribute Your Ideas

This newsletter is created to keep you informed, and to cover topics that are of interest to you. If there is a particular topic that would be helpful to you, let us know.

Send information to:

Joan Lawrence
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215-2299 or fax/e-mail:
410-358-6207; jlawrence@dhmh.state.md.us.

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Paul Ballard, Board Counsel
Jeanne Furman, Board Member
Ramona McCarthy Hawkins, Board Member
LaVerne Naesea, Executive Director

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